

## District of Columbia Department of Health Health Regulation and Licensing Administration Board of Pharmacy



## **Checklist of Required Supporting Documents**

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

EXAMINATION - RECENT		SCORE TRANSFER		RECIPROCITY BY WAIVER OF LICENSURE TRANSFER	
<u>GRADUATE</u>					
	A complete signed application for DC License.		A complete signed application for DC License.		Applicant previously licensed in the District of Columbia and
	Two (2) recent passport photos		Two (2) recent passport photos (2" X 2")		expiration date is past 5 years.  A complete signed application for
	(2"X 2") Social Security Number or a		Social Security Number or a		DC License.
	Sworn Affidavit		Sworn Affidavit		Two (2) recent passport photos (2"
	Name Change Document		Name Change Document (Marriage Certificate, Divorce		X 2")
	(Marriage Certificate, Divorce		Decree, Court Order) if		Social Security Number or a Sworn Affidavit
	Decree, Court Order) if		applicable.		Name Change Document
	applicable. Certificate of Graduation or		Criminal Background Check (FBI		(Marriage Certificate, Divorce
	Official Transcript – Recent		and State) effective January 3,		Decree, Court Order) if applicable.
	College Graduates Only.		2011)		Verification of current license
	If school does not provide		Check, Money Order or Certified Check payable to <b>DC Treasurer</b>		from another state Board of
	Certificate of Graduation, it is		for \$280.00		Pharmacy
	mandatory that applicant provides the Education and Training				Criminal Background Check (FBI
	Supplemental Form.		ROCITY		and State) effective January 3,
	Education and Training	Ц	A complete signed application for		2011)
	Supplemental Form		DC License. Two (2) recent passport photos (2"		\$280 Payment in a form of a Check, Money Order or Certified
	Criminal Background Check (FBI		X 2")		cheek, Money Order of Certified
	and State) effective January 3,		Social Security Number or a		
	2011) Check, Money Order or Certified		Sworn Affidavit		
	Check payable to <b>DC Treasurer</b>		Name Change Document		
	for \$280.00		(Marriage Certificate, Divorce		
RE-EXAM			Decree, Court Order) if		
	A complete signed application for		applicable.		
	DC License.		NABP Licensure Transfer Form		
	Name Change Document		(Letter of Good Standing)		
	(Marriage Certificate, Divorce	Ш	Check, Money Order or Certified Criminal Background Check		
	Decree, Court Order) if		MorphoTrust USA (Effective		
	applicable. Charles Manay Order or Corrified		January 3, 2011)		
	Check, Money Order or Certified Check payable to <b>DC Treasurer</b>		Check, Money Order or Certified		
	for \$85		Check payable to DC Treasurer		
	+		for \$280.00		

899 North Capitol Street NE, 2<sup>nd</sup> Floor, Washington, D.C. 20002 Telephone 1 (877) 872-2174 Fax (877) 862-4252



## District of Columbia Department of Health Health Regulation and Licensing Administration Board of Pharmacy



PHARMACIST RECIPROCITY-	PHARMACIST- ADD VAC ONLY TO AN		REGISTERED PHARMACY INTERN	
<u>VAC</u>	EXISTI	NG DC LICENSE  A complete signed application for DC License.	FOREIGN OR U.S. STUDENT	
A complete signed application for DC License.			APPLIC	CANT
Two (2) recent passport photos (2" X 2")		Two (2) recent passport photos (2" X 2")		A complete signed application for DC License.
Social Security Number or a Sworn Affidavit		Social Security Number or a Sworn Affidavit		Two (2) recent passport photos (2" X 2")
Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if		Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.		Social Security Number or a Sworn Affidavit One (1) clear photocopy of a US government-issued photo-ID, such
applicable.  NABP Licensure Transfer Form (Letter of Good Standing)		Copy of current DC License CPR for Healthcare Professional		as a driver's license, as proof of identity
CPR for Healthcare Professional Certification		Certification Proof of successful completion of a ACPE certification course		Name Change Document (Marriage Certificate, Divorce
Proof of successful completion of a ACPE certification course approved by the Board of		approved by the Board of Pharmacy.		Decree, Court Order) if applicable. Official Transcript for U.S.
Pharmacy.		Check, Money Order or Certified Check payable to <b>DC Treasurer</b>		Students only
Criminal Background Check (FBI and State) effective January 3, 2011)		for \$50		Foreign Pharmacist Graduate Examination Certificate From NABP
Check, Money Order or Certified				Notarized Preceptor Form**
Check payable to <b>DC Treasurer</b> for \$330.00				Criminal Background Check (FBI and State) effective January 3, 2011)
				Check, Money Order or Certified Check payable to <b>DC Treasurer</b> for \$50.00
				armacy intern registering for the

\*\*A pharmacy intern registering for the sole purpose of completing an IPPE or APPE is not required to provide documentation of a preceptor or notify the Board when the pharmacy intern changes preceptors or worksite

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